Ideal Behavioral Health System in Doña Ana County

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December 2021

Introduction

The Local Collaborative 3 (LC3) is a behavioral health collaborative in Doña Ana County that coordinates and collaborates with key stakeholders to set behavioral health priorities, with the overarching goal of improving the current behavioral health system in the region. It is supported by Families and Youth, Inc. (FYI) as a backbone agency and employs a collective impact strategy approach. Through the support of the Paso del Norte Health Foundation, LC3 has assessed Doña Ana County's behavioral health system to work towards achieving the "Ideal Behavioral Health System."

Background of Doña Ana County

In order to discuss the Ideal Behavioral Health System, it is important to consider the background and contextual factors that affect the behavioral health system in Doña Ana County. These include:

- *2013 Shutdown:* In 2013, many of the behavioral health services in New Mexico were abruptly shut down due to accusations of fraud, which were later cleared. Many of these organizations were forced to permanently close, resulting in increased shortages of providers and disruptions in behavioral health care.
- *COVID-19:* The ongoing COVID pandemic has also created major disruptions in the behavioral health system, through increased behavioral health needs of clients, closures of behavioral health services, challenges in telehealth, etc. Many clients have experienced provider shortages and disruptions in services, while providers have indicated patient overloads and increased lack of collaboration with other providers.
- *Demographic and Cultural Factors:* Doña Ana County is the second-most populated county in New Mexico bordering El Paso, Texas on the southeast and Chihuahua, Mexico on the south. It has a diverse population, with 67% identifying as Hispanic and approximately half (51%) speaking a language other than English at home (usually Spanish). In addition, the median household income of the county is $43,038 with a poverty rate of 25.9% (U.S. Census Bureau, 2019a), compared to the national median of $62,843 and national poverty rate of 11.4% (U.S. Census Bureau, 2019b).
- *Doña Ana (and NM) Youth:* Regarding New Mexico's youth, the state was ranked 49th among all states for overall child well-being, which includes economic well-being, education, health, family, and community elements (The Annie E. Casey Foundation, 2021). In addition, according to the New Mexico Youth Risk and Resiliency Survey administered by the New Mexico Department of Health (2019), almost half (41%) of Doña Ana County high schoolers reported having persistent feelings of sadness or hopelessness and 15% seriously considered suicide. These data around youth in the county and state emphasize the importance of working towards expanding behavioral and mental health in the schools.

In addition to the data on youth, several other data sources are crucial to providing background information to understand the gaps and needs in the region, in order to inform the development of the Ideal Behavioral Health System in Doña Ana County. Key results from each of these data sources will be described briefly in the "Data Collection Approach and Results" section below.

Data Collection Approach and Results

In the spring and summer of 2021, the LC3 evaluator worked with the LC3 board members to identify the gaps in the region's behavioral health system in preparation of the development of the Ideal Behavioral Health System. Data collection and analysis included a thorough review of the existing data and documents, additional survey administration, and individual conversations with key stakeholders in the region. Existing data include: (1) the NMSU's Community Survey (NMSU SOAR, 2020, summarized below); (2) Data from the New Mexico Human Services Department regarding the numbers of clients served and provider types which rendered services in Doña Ana County; and (3) additional reports from experts in the field (e.g., 100% Community Report (NMSU CCA, 2020, summarized below). The evaluator also administered the Strategic Impact Measurement Survey (to be described below) to LC3 members in the summer of 2021, assessing five areas (Capacity, Activity, Reach, Engagement, and Impact) of member organizations and the LC3 collaborative. In the summer and fall of 2021, the evaluator conducted interviews with 30 key stakeholders in behavioral health.

NMSU SOAR Community Survey (N = 216)

NMSU's Southwest Outreach and Academic Research (SOAR) Evaluation and Policy Center, as the previous evaluator of LC3, created and administered a survey to behavioral health providers and community members in 2020 (Community Survey), to assess the needs and gaps in the behavioral health system in Doña Ana County to be addressed in order to establish the Ideal Behavioral Health System. Based on the Community Survey (NMSU SOAR, 2020), the main behavioral health gaps in the county are as follows:

- Lack of communication, collaboration, and coordination between providers
    - 60% of respondents rated coordination of care between providers as "poor" or "fair"[1]
    - 62% rated communication between providers as "poor" or "fair"
    - 64% rated provider follow-up about patient's care as they move through the behavioral health system as "poor" or "fair"
    - 62% rated communication between providers about same clients they both have cared for/interacted with as "poor" or fair"
    - 62% rated referral process between providers as "poor" or "fair"
    - 70% of providers/community members indicated poor coordination of wraparound services ("somewhat well" or below)[2]
    - 60% of providers believe that the region needs a shared database across providers with patient information and training for organizations
    - 67% of respondents believe that clients are unsure how to reach out to providers
- LC3 Role in advocacy and facilitation
    - Survey respondents feel that LC3 can support collaboration between behavioral health providers by maintaining the collaborative effort through active partnerships and advocacy (N = 19), creating a platform to facilitate access to information (N = 16), and

[1] For the data that indicate respondents' ratings of "Poor" or "Fair," the possible responses were "Excellent," "Good," "Fair," "Poor," and "No Basis for Opinion."

[2] For this survey question, the possible responses were "Extremely Well," "Very Well," "Somewhat Well," "Slightly Well," "Not Well At All," and "I have not used coordinated services."

spreading information to the public about the county's behavioral and mental health system (N = 12)
    - Respondents are split between individuals who know about LC3 (26%) and those who do not (26%)
    - 42% reported that LC3 has been "extremely impactful" or "very impactful" in the behavioral health system in Doña Ana County[3]
- Need for behavioral and mental health in the K-12 school system
    - 94% of respondents feel that training school staff about behavioral health is "extremely" or "very" important[4]
    - 92% of respondents responded that teaching students about behavioral health is "extremely" or "very" important
    - 91% of respondents indicated that providing families and students with resources and access to behavioral health services through the schools is "extremely" or "very" important
- Poor accessibility to resources, especially in rural areas and for vulnerable populations[5]
    - 71% providers and community members rated the availability of information about available services in the region as "poor" or "fair"
    - 70% rated the access to services for low-income individuals as "poor" or "fair"
    - 67% rated the access to services for non-English speakers as "poor" or "fair"
    - 50% indicated that clients in rural and remote settings have difficulty in accessing services
    - 22% of the Gadsden school district and 34% of the Hatch school district do not have a computer or any type of device
    - 36% indicated that the cultural knowledge and sensitivity of providers is "poor" or "fair"

100% Community Survey (N = 1,226)

The 100% Community Survey, initiated by the Resilience Leaders of Southern New Mexico and prepared by the Center for Community Analysis at New Mexico State University (NMSU CCA, 2020), was designed to assess the "surviving" and "thriving" services (i.e., housing, food, transportation, medical and dental care, behavioral health care, parent supports, early childhood learning, youth mentors, community schools, job training) in Doña Ana County in 2020. For the purposes of this LC3 report, the focus is on survey results describing the needs and gaps of housing and behavioral health care (including school-based care):

- Need for mental and behavioral health services in the region
    - 35% of residents in Doña Ana County indicated that they need mental health services
    - Of those who needed services, about 49% reported difficulty getting them
    - Barriers to accessing services include the lack of quality providers, long waitlists, and cost
- Need for affordable housing services in the county

[3] For this survey question, the possible responses were "Extremely Impactful," "Very Impactful," "Somewhat Impactful," "Slightly Impactful," and "Not Impactful At All."
[4] For survey questions asking about varying degrees of importance, the possible responses were "Extremely Important," "Very Important," "Somewhat Important," "Slightly Important," and "Not Important at All."
[5] Vulnerable populations include, but are not limited to, rural groups, youth, non-English speakers, undocumented immigrants, low-income individuals, homeless populations, and non-insurance holders.

    - 68% of respondents who reported needing affordable housing services had difficulty accessing them
    - Barriers to obtaining housing include long waitlists and not qualifying for services
    - Housing needs differ depending on household type, household income, and education level:
        - 33% of single parent households vs. 12% of two-parent households and households without children reported needing affordable housing services
        - 27% of those with annual income below $25K vs. 8% of those with $25K or more
        - 20% of those with an Associate's degree or below vs. 9% of those with a Bachelor's degree or higher
- Lack of accessibility to school-based mental health services
    - 67% of respondents who needed school-based mental health services for their child said there were not enough mental health care professionals at their child's school
    - 48% said the school did not offer the types of services their child needed

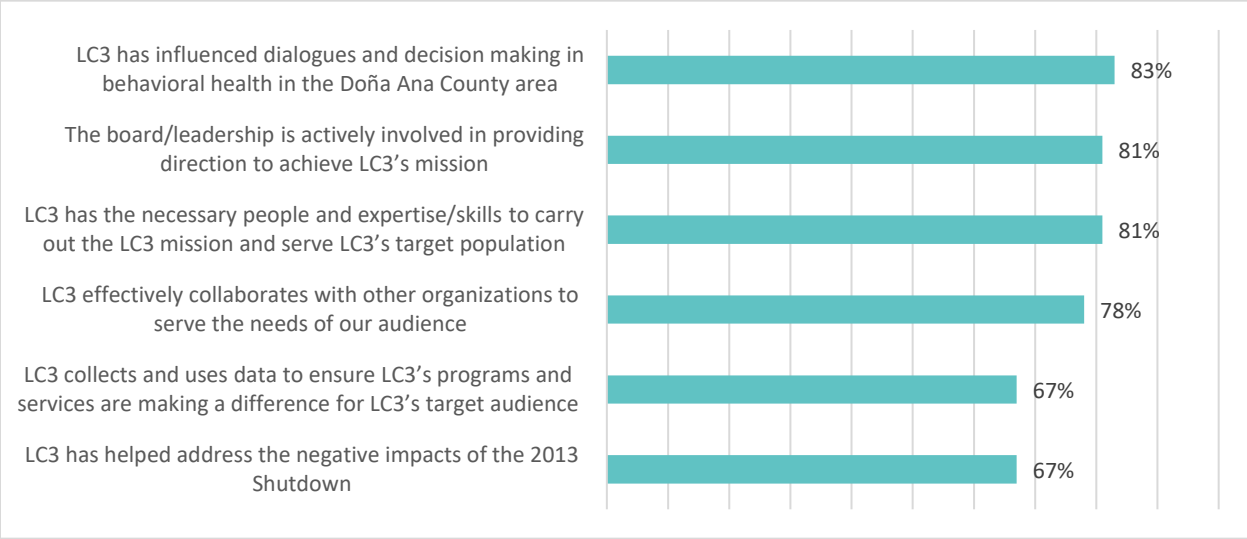
Strategic Impact Measurement Survey (N = 27 out of 40 core members)

As part of the process of creating the Ideal Behavioral Health System in Doña Ana County, the LC3 evaluator administered a Strategic Impact Measurement Survey[6] to its members in the summer of 2021. The survey focused on five areas (Capacity, Activity, Reach, Engagement, and Impact) of the member organizations and the LC3 collaborative, to ensure that these stakeholders have the capacity (and believe that LC3 also has the capacity) to support the development of the Ideal Behavioral Health System. Results from the survey indicate that the items in the Capacity and Impact categories were generally rated favorably, suggesting that respondents believe that their organizations and LC3 are able to (1) set and achieve their goals and objectives (Capacity); and (2) shift behaviors and attitudes (Impact). In particular, at least two-thirds of respondents feel that the statements regarding LC3's Capacity and Impact, listed in Figure 1, are "true" in some form (e.g., "Extremely True" or "Very True") (Chi, 2021).[7]

[6] LC3 has been using the Strategic Impact and Measurement Worksheet developed by Lauren Girardin, a national marketing and communications consultant, to set goals, develop strategies for the collaborative, and measure its impact (Girardin, 2014). NMSU SOAR, as the previous evaluator of LC3, developed and administered the Strategic Impact Measurement Survey in 2020. In 2021, the current LC3 evaluator used a similar version of the Strategic Impact Measurement Survey.

[7] In this survey, respondents were asked to rate statements on a scale from one ("Not True at All") to nine ("Extremely True").

Figure 1. LC3 Capacity and Impact


LC3 has influenced dialogues and decision making in behavioral health in the Doña Ana County area
83%
The board/leadership is actively involved in providing direction to achieve LC3's mission
81%
LC3 has the necessary people and expertise/skills to carry out the LC3 mission and serve LC3's target population
81%
LC3 effectively collaborates with other organizations to serve the needs of our audience
78%
LC3 collects and uses data to ensure LC3's programs and services are making a difference for LC3's target audience
67%
LC3 has helped address the negative impacts of the 2013 Shutdown
67%

Interviews with Regional Stakeholders in Behavioral Health

In August and September of 2021, the evaluator met individually with 30 key stakeholders in the region, to better understand the landscape of behavioral health in Doña Ana County. Specifically, the conversations revolved around gaps in the local behavioral health system and thoughts on what an Ideal Behavioral Health System should encompass. These stakeholders included all LC3 board members, behavioral health providers, hospitals, government agencies, local schools, and community members.

LC3's Progress

In the past year (2021), LC3 has made strides towards the development of the Ideal Behavioral Health System, through the strategic planning process, trainings, partnerships, ongoing evaluation, etc. These accomplishments are briefly described below.

Strategic Planning Process

In the spring of 2021, the LC3 collaborative embarked on a strategic planning process with an international consultant from Tamarack Institute, which included monthly sessions with over 60 participants. LC3 members were engaged in identifying priorities of the collaborative, including envisioning the Ideal Behavioral Health System in Doña Ana County. The goals for the strategic planning process were as follows:

- To engage participants to inform the strategic plan for the LC3 Collaborative for the next three years
- To confirm the LC3 Collaborative's purpose and collective objectives
- To review relevant data to inform the LC3 Collaborative
- Prioritize critical shifts[8] to improve behavioral health outcomes in the community

[8] As defined in the Strategic Plan report by Tamarack Institute, "a critical shift identifies the difference between the current state (now) and future state (2025)" (Tamarack Institute, 2021). During the strategic planning sessions, participants identified the critical shifts that LC3 would experience over the next three years.

- To identify potential services and/or programs to advance behavioral health in the community

During the strategic planning process, LC3 began to develop impactful strategies which are considered "game changers."[9] From this process, the following game changer strategies emerged:

- Strategic Hub: LC3 Collaborative will be the strategic hub for behavioral health in Doña Ana County
    - Build strategic networks at the local, County and State levels
    - Advance a shared and integrated service model
    - Align with State-level LC collaboratives in shared planning and advocacy
    - Advance state-wide and county behavioral health priorities including 988 through aligned action
    - Investigate a shared information model designed to improve client access and support
    - Develop a strategic pathway to diversity funding and sustainability for the LC3 Collaborative
- Client Advocacy and Access: LC3 Collaborative will seek to increase access and engage client advocates to support an integrated service support journey for behavioral health clients
    - Collaborate with community service providers to increase the number of client advocates in Doña Ana County
    - Create an integrated client advocate system so that behavioral health clients don't fall through the cracks
    - Evaluate the integration and impact of client advocate services
- Supportive Housing: LC3 Collaborative will ensure integrated housing and community supports will advance better outcomes for behavioral health clients
    - Seek out and advocate for integrated access to housing for behavioral health clients of all social types and categories
    - Collaborate with service providers to provide coordinated access to community services including employment, education, income, recreation, and connection
    - Leverage the capacity of the LC3 Collaborative to advance and promote supportive housing initiatives including Soteria House, a residential treatment facility for psychosis, and Los Amigos transitional supportive housing for community reentry
    - Support the development of a shared information system to improve coordination between service providers
    - Evaluate the impact of an integrated housing strategy
- Children and Families: LC3 Collaborative will collaborate with educational and service provider partners to ensure children and their families have access to integrated behavioral health services
    - Convene education and behavioral health providers to identify prevention and delivery service opportunities and gaps
    - Ensure early access to clinical and community services to provide holistic health environments for children and families

[9] Also defined in the Strategic Plan report, a game changer strategy in this context is "an approach that shifts the current collaborative work forward and changes the conditions for behavioral health outcomes in the community" (Tamarack Institute, 2021).

- Evaluate the impact of enhanced behavioral health supports for children and families in Doña Ana County

Additional Accomplishments of LC3

In addition to the strategic planning process, LC3 has also made the following accomplishments in 2021 that relate directly to this work:

- In 2021, LC3 trained a total of 362 participants for a total of 1,106.5 CEUs. This includes the Juntos Summit sessions, the collective impact training by Tamarack Institute, Substance Abuse and Mental Health Services – Serious Mental Illness Adviser (SAMHSA SMI) trainings, and Wellness Wednesdays (described below).
- In 2021, LC3 coordinated and promoted trainings held by SAMHSA on Serious Mental Illness (SMI) topics to its members.
- In January 2021, LC3 presented at the State Behavioral Health Collaborative's Quarterly Meeting. From this meeting, additional opportunities emerged to explore funding possibilities and to partner with the justice system, Americorps to create career pathways to behavioral health, and the State's coalition for suicide prevention.
- In February 2021, LC3 was awarded a Behavioral Health Star award from the State Behavioral Health Services Division (over 40 nominees, 17 awards given)
- Starting in March 2021, LC3 instituted the Wellness Wednesday monthly series, which included the following sessions:
    - March 2021: BH Outreach programs and de-escalation techniques (Peak Behavioral Health), 9 participants
    - April 2021: Human Trafficking and Internet Crimes Against Children (New Mexico Office of the Attorney General Commander, NM Internet Crimes Against Children Task Force, NM Human Trafficking Task Force), 39 participants
    - May 2021: Stepping into Wellness and Recovery with Mesilla Valley Hospital, 23 participants
    - June 2021: Learn about Oxford House, 12 participants
    - July 2021: Thriving Families Wraparound Services (Community Action Agency), 13 participants
    - August 2021: DAC Crisis Triage Center, 18 participants
    - September 2021: Learn about the Deaf and Hard of Hearing Culture (NM Commission for Deaf and Hard of Hearing), 18 participants
    - October 2021: Introduction to Save the Children Action Network, 9 participants
    - November 2021: Mobile Integrated Health Care Opioid Team, 25 participants
    - December 2021: Doña Ana Sheriff's Office, Wellness Advocacy Coordination, 15 participants
- In the summer of 2021, the LC3 evaluator administered the Strategic Impact Measurement Survey to LC3 members (as described above), indicating positive results and trends of capacity and impact in organizations and LC3.
- In August 2021, LC3 created a partnership with National Alliance on Mental Illness (NAMI) to develop a peer support model (including peer support workers and navigators) in Southern New Mexico

- In August 2021, LC3 collaborated with the Community Service Corps in their mission to create Soteria House and possibly Los Amigos transitional housing
- In September 2021, LC3 organized the Juntos Summit on Child Well-Being, Suicide Prevention and Recovery, in collaboration with the City of Las Cruces Mayor's Suicide Prevention Taskforce and FYI. There were 165 participants and seven presentations from LC3 members (including three LC3 board members). Successes include:
    - As a result of the summit, Mesilla Valley Hospital has been invited to different local schools to present the "Erase the Stigma" curriculum to over 1,000 students in the region.
    - Over 85% of the participants who filled out a feedback survey rated the following aspects of the summit a "4" or "5" on a scale of 1-5, with "5" being "Excellent" (see Figure 2 below)

Figure 2. Feedback Survey Results from Juntos Summit

LC3's Vision for an Ideal Behavioral Health System

During the strategic planning process, the LC3 Collaborative created an aspiration statement as well as their vision of what an ideal behavioral health system includes (see Table 1).

Table 1. LC3's Vision for an Ideal Behavioral Health System

The LC3 Collaborative's aspiration is ***to build a behavioral health system that is inclusive, organized, centered on the individual and family, and is committed to advocating for and providing comprehensive mental health and substance use disorder services for people across Doña Ana County, New Mexico.***

The Ideal Behavioral Health System is:

- *An inclusive, educated system where partners work collaboratively (including service providers, criminal justice, law enforcement, veterans services, juvenile justice, child welfare, schools, homeless support services, and health systems)*
- *Organized so that resources are available at every possible level (policy, program, procedure and practice)*
- *Consumer-driven, person-centered, recovery and resilience-oriented, and focused on meeting or exceeding the service and support needs of individuals and families*
- *Integrated, trauma-informed, culturally competent, and organized from a population health perspective*
- *A system with clear cut, defined pathways, free of gaps, with multiple entry points across the system and facilitating access, screening, and discharge planning for the people who are served*

There are several components that flow from this aspirational statement created through our LC3 strategic planning process. Based on our assessment of the behavioral needs of Doña Ana County, through the data collected from surveys, stakeholder interviews, statewide numbers, the strategic planning process, and additional documents, the components listed below are necessary to work towards an Ideal Behavioral Health System in Doña Ana County.

- ***Integrated and Collaborative***
- ***Consumer-Driven, Person-Centered, and Recovery and Resilience-Oriented***
- ***Accessible, Inclusive, and Focused on Cultural Humility***
- ***Trauma-Informed, Educated, and Responsive, and Focused on Education***

While these areas are broad and overlap each other, these categories were created to reflect the original vision of the Ideal Behavioral Health System as generated by participants during the strategic planning process. Each of these categories will be described in more detail in the sections below. These sections will be organized in the following ways:

- *Elements:* A description of the elements of each category, based on data and the vision of LC3;
- *Data for Existing System:* The data which illustrate the current state of behavioral health in Doña Ana County;

- *LC3 Accomplishments:* LC3's current progress to move forward in each category; and
- *LC3 Game Changer Strategies:* LC3's future plans for the next three years in each category.

Integrated and Collaborative

"Collaboration is what we need and do not have now. In a perfect system, all of the service providers would talk to each other, agree upon principles, and share information on clients."

Elements

An integrated and collaborative system should have continuity of care between all agencies (e.g., criminal justice system, Medicaid, housing, etc.) and between all parts of the system (e.g., inpatient to outpatient care, re-entry from jails to the community). It also should have strong collaboration, communication, and coordination among providers. The following elements are part of this category:

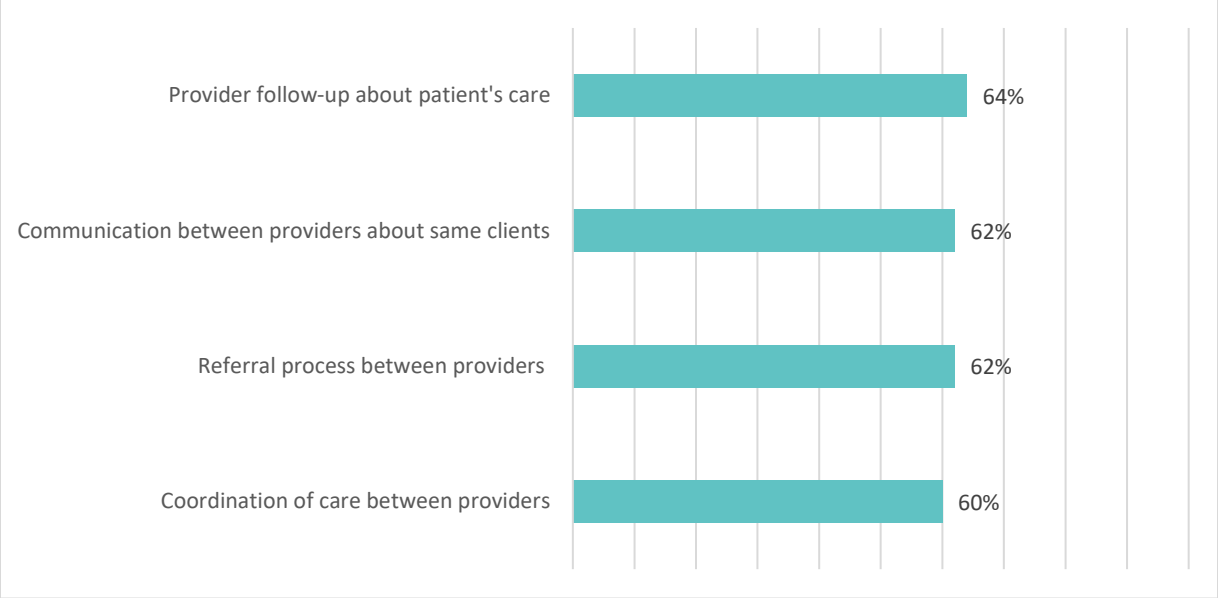
"SERVICE PROVIDERS SHOULD WORK TOGETHER, RIGHT NOW WE ARE WORKING IN SILOS."

- Clear cut, defined pathways, free of gaps, with multiple entry points across the system
- Coordination and collaboration among behavioral health partners (including service providers, criminal justice, law enforcement, veterans services, juvenile justice, child welfare, schools, homeless support services, and health systems)
- Centralized database for collaboration
- Facilitation of access, screening, and discharge planning for the people who are served

Data for Existing System

As indicated in NMSU's Community Report (NMSU SOAR, 2020), the majority of the survey respondents believe that providers' communication about, coordination of care for, and referrals of clients were "poor" or "fair" (see Figure 3).

Figure 3. Survey Respondents' Opinions on Collaboration (Percentage who responded "Poor" or "Fair")



LC3 Accomplishments

To address the lack of collaboration, communication and coordination in the behavioral health system in Doña Ana County, LC3 has made progress such as:

- Strategic Planning process in Spring 2021 with over 60 participants in each session
- Training on collective impact
- Presentation at the State Behavioral Health Collaborative meeting; developed partnerships and explored funding opportunities
- Behavioral Health Star awardee from the State Behavioral Health Service Division in February 2021
- Positive survey results regarding LC3 capacity and impact, administered in Spring 2021 (see Figure 1 above)

LC3 Game Changer Strategies

There are three game changer strategies that will focus on the Integrated and Collaborative component of the Ideal Behavioral Health System:

- Strategic Hub
- Client Advocacy and Access
- Supportive Housing

"LC3 NEEDS TO BE MORE VOCAL AND GATHER PRIORITIES FROM THE MEMBERS OF LC3."

Consumer-Driven, Person-Centered, and Recovery and Resilience-Oriented

"Our biggest problem is that we do not have a way of keeping people connected. We need client advocacy, we need a really large group of client advocates… who can be in touch with people who need someone every day."

Elements

A consumer-driven, person-centered system that is recovery and resilience-oriented should be focused on the individual and family, and focused on the individual's recovery and resiliency. There is a strong evidence-based argument for utilizing peer support workers and navigators to support individuals, to ensure that their needs are met and that they are well-equipped for reintegrating back into society (SAMHSA, 2017). In particular, including peer recovery navigators to the peer support workforce will help to alleviate the shortage of support staff. The following elements are the essence of this category:

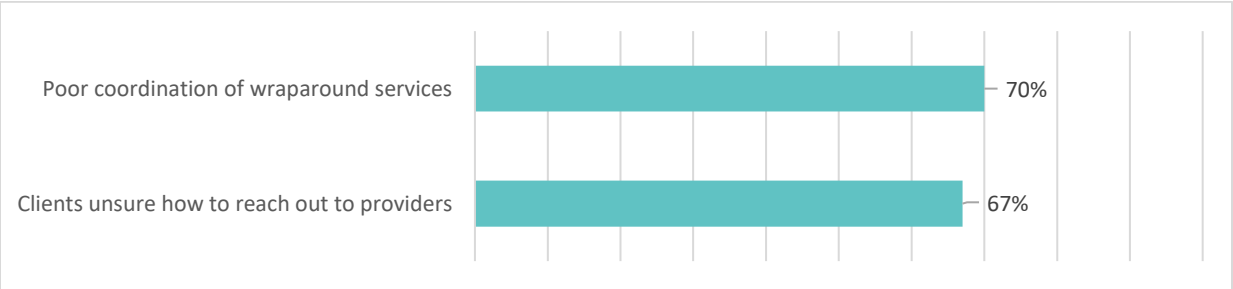
- Focus on meeting or exceeding the service and support needs of individuals and families
- Peer support workers and navigators
- Supportive services for reintegration (e.g., housing, employment, food, transportation)

"WE NEED A TRUE WRAPAROUND SYSTEM WITH CROSS-SECTOR COLLABORATION AND A HOLISTIC APPROACH FOR ALL FAMILIES AND INDIVIDUALS."

Data for Existing System

Figure 4 indicates that a large percentage of respondents in NMSU's Community Survey (NMSU SOAR, 2020) found several client-centered issues to be challenging. In particular, at least two-thirds of respondents responded that there is poor coordination of wraparound services for individuals, and that clients are unsure how to reach out to providers. In addition, regarding peer support workers and navigators, which are considered to be essential when focusing on recovery of the individual, a report from the University of Michigan ranks New Mexico as 45th for ratio of facilities with peer services-to-population (University of Michigan Behavioral Health Workforce Research Center, 2019).

Figure 4. Percent of survey respondents who indicated the following challenges:



LC3 Accomplishments

LC3 has focused on the individual clients and their recovery in the following ways:

"A LOT OF PEOPLE DO NOT SEEK SERVICES BECAUSE OF STIGMA, SIGNIFICANT BARRIERS, THEY FEEL BETTER THE NEXT DAY, THEY LACK COVERAGE, DO NOT KNOW ABOUT SERVICES, DO NOT KNOW HOW TO USE THE PHONE."

- Partnership with the National Alliance on NAMI to develop peer support model (including peer support workers and navigators) in Southern New Mexico
- Collaboration with Community Service Corps to create the Soteria House in Las Cruces and possibly Los Amigos transitional housing
- Wellness Wednesday series, including topics regarding family wraparound services, hospital recovery programs, and housing

LC3 Game Changer Strategies

The strategies that will address this particular component are:

- Client Advocacy and Access
- Supportive Housing

Accessible, Inclusive, and Focused on Cultural Humility

"The biggest gap in our area is our workforce. We don't have enough providers to work the programs."

Elements

"ACROSS THE BOARD, WE HAVE SEEN A DECREASE IN PROVIDERS. EVEN THOUGH WE ARE MAKING IT WORK, WE HAVE SEEN A DECREASE IN PROFESSIONALS IN THE COMMUNITY OVERALL."

It is important for the county's Ideal Behavioral Health System to be accessible, inclusive, and focused on cultural humility in order to ensure that all clients are able to access the services they need. In addition to the shortage of qualified providers, clients find it difficult to access services for reasons such as lack of awareness, lack of insurance, lack of transportation, etc. Moreover, vulnerable populations face additional challenges accessing information and services. In particular, low-income populations may not have the technology necessary to access behavioral health information and services, and non-English speakers may not be able to access information or services in their native language. Also, New Mexico Health Care Workforce Committee's annual report the indicates that the behavioral health workforce in the state is less diverse

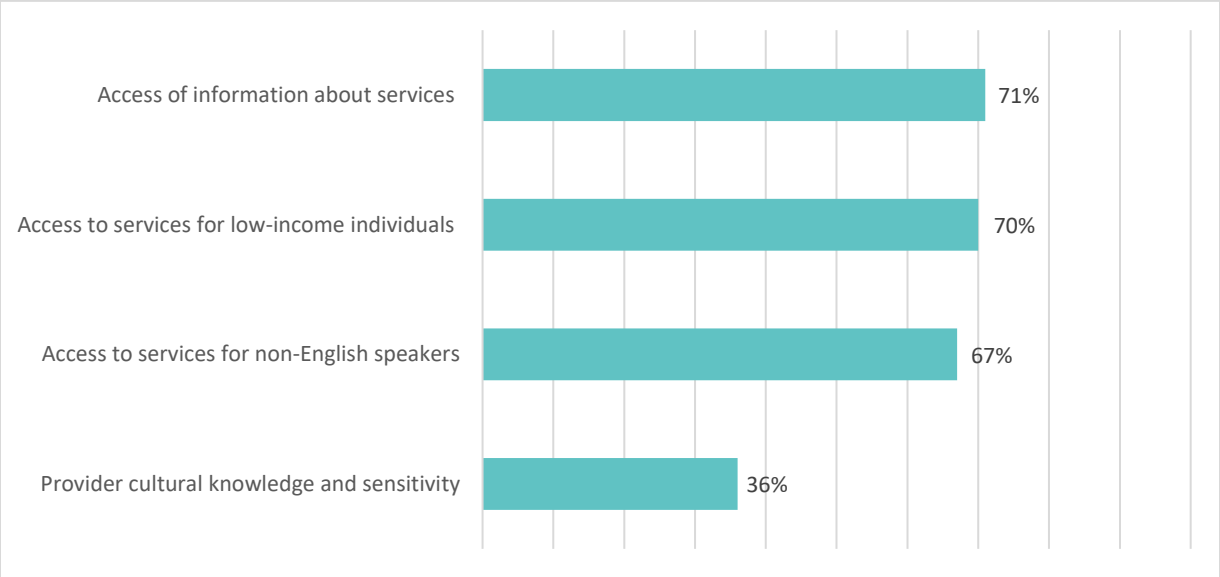
than its population as a whole (New Mexico Health Care Workforce Committee, 2020). For this category, the main elements are:

- Available resources at every level (policy, program, procedure and practice)
- Access to the continuum of care of hospitals, crisis, inpatient, outpatient, community-based services, and self-care
- Organization from a population health perspective
- Qualified provider workforce
- Focus on vulnerable populations (e.g., low-income individuals, non-English speakers, rural populations, undocumented immigrants, non-insurance holders, youth)

Data for Existing System

In the NMSU's Community Survey (NMSU SOAR, 2020), over two-thirds of respondents rated access to behavioral health services for low-income individuals and non-native speakers poorly. A similar percentage provided a poor/fair rating to access to information about services (see Figure 5).

Figure 5. Percent of survey respondents who responded that these areas are "Poor" or "Fair"



LC3 Accomplishments

LC3 has provided several trainings to further the goals of this category:

- Trainings on caring for diverse populations, and addressing inequities
- Juntos Summit, including topics such as community schools and child welfare (described above)
- Wellness Wednesday series, including topics such as deaf culture (described above)

LC3 Game Changer Strategies

LC3 will be implementing the following game changer strategies that address this category:

- Client Advocacy and Access
- Children and Families

Trauma-Informed, Educated, and Responsive, and Focused on Education

"LC3 should be more involved with schools, educating teachers about trauma-informed [practices], educating principals about mental health issues of youth."

Elements

Based on the data from the NMSU Community Survey and conversations with local schools and other stakeholders, an Ideal Behavioral Health System should be a trauma-informed, educated, and responsive system that is focused on education in order to adequately serve youth as well as adults. To this end, this component includes the following elements:

- Trainings for educators, first-responders, and the community
- Trainings on trauma-informed, educated, and responsive practices
- Partnerships with schools

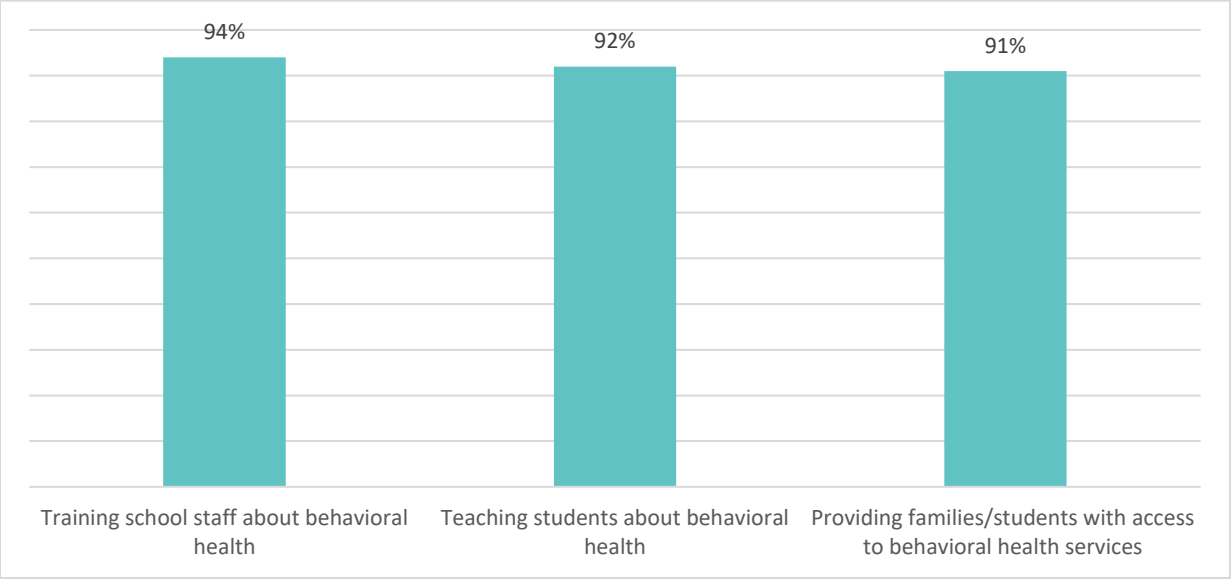
"I THINK LAW ENFORCEMENT NEEDS BETTER TRAINING ON BEHAVIORAL HEALTH, TRAINING ON THE SERVICES AVAILABLE, TRAINING ON DIVERSITY."

Data for Existing System

As illustrated in Figure 6, NMSU's Community Survey indicates that respondents believe it is important to train school staff and students about behavioral health. Survey respondents also deem it important to provide families and students with access to behavioral health services (NMSU SOAR, 2020).

"COUNSELORS WILL REFER STUDENTS OUT TO AGENCIES; IT WOULD MAKE SENSE FOR SCHOOLS TO PARTNER WITH THESE AGENCIES AND HAVE ONGOING COMMUNICATION."

Figure 6. Percent of survey respondents who indicated these actions are "extremely" or "very" important



LC3 Accomplishments

As mentioned earlier, LC3 has organized trainings (described above) that have educated the community on behavioral health, including:

- Juntos Summit
- Trainings on SAMHSA SMI topics
- Wellness Wednesday series

LC3 Game Changer Strategies

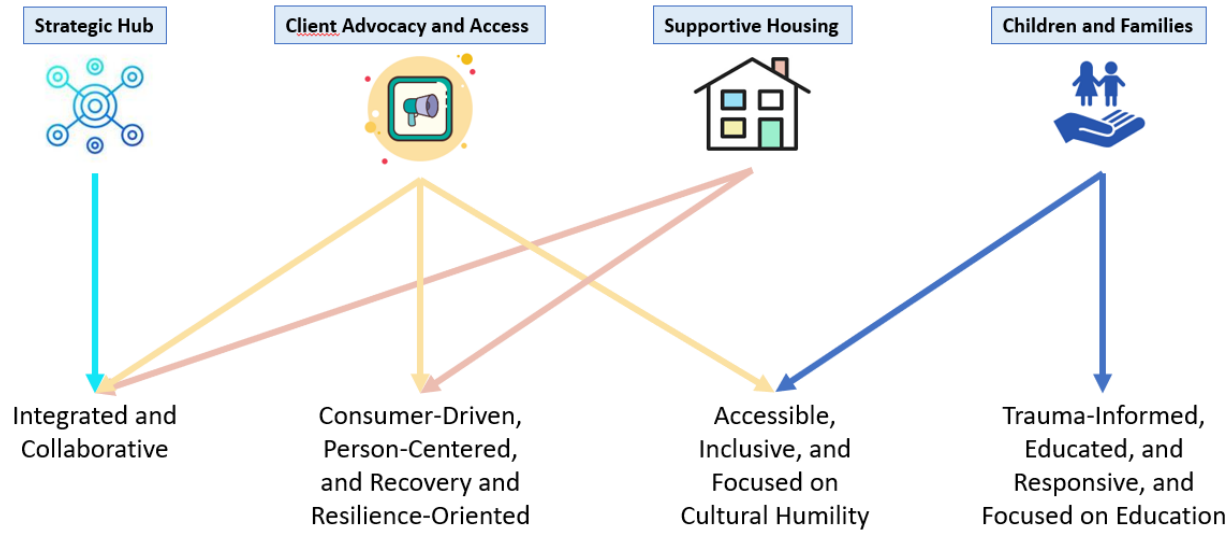
Given the focus on youth, the following game changer strategy aligns well with this component:

- Children and Families

Moving Towards the Ideal Behavioral Health System through the Strategic Plan

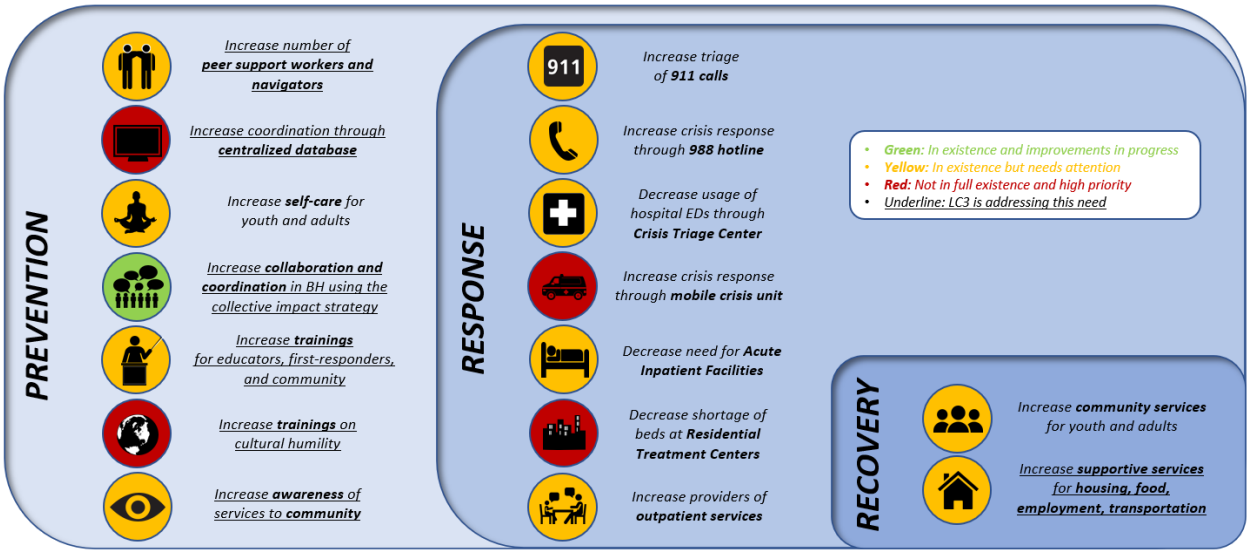
At this point, Doña Ana County does not have a system that includes all of these components. As illustrated in the data described above, there is a lack of collaboration among providers, access to information and services, education about behavioral health, and focus on vulnerable populations. The LC3 Collaborative has a strategic plan in place to address these critical issues; in particular, their game changer strategies that address each component of an Ideal Behavioral Health System (see Figure 7).

Figure 7. Strategic Plan Game Changers and Components of the Ideal Behavioral Health System


Strategic Hub
Client Advocacy and Access
Supportive Housing
Children and Families
Integrated and Collaborative
Consumer-Driven, Person-Centered, and Recovery and Resilience-Oriented
Accessible, Inclusive, and Focused on Cultural Humility
Trauma-Informed, Educated, and Responsive, and Focused on Education

To achieve the Ideal Behavioral Health System, it is also important to understand the spectrum of behavioral health services in Doña Ana County under the overarching categories of prevention, response, and recovery. Figure 8 displays the current state of behavioral health in Doña Ana County, illustrating the general flow of behavioral health services from prevention to response to recovery. Each service is color-coded based on the progress in the county. That is, services that are colored green are in existence and there are improvements in progress, those colored yellow are in existence but need attention, and those colored red are not in full existence and are considered a high priority in this community. In addition, services that are underlined are the ones included in LC3's game changer strategies.

Figure 8. The Current Behavioral Health System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Increase collaboration and coordination in BH using the collective impact strategy
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Green: In existence and improvements in progress
Yellow: In existence but needs attention
Red: Not in full existence and high priority
Underline: LC3 is addressing this need
RECOVERY
Increase community services for youth and adults
Increase supportive services for housing, food, employment, transportation

Prevention

The strategic plan, created collectively by LC3 members in spring 2021, indicates a focus on prevention efforts of behavioral health. LC3 asserts that focusing on prevention is the key to achieving the Ideal Behavioral Health System, based on the theory that if individuals are provided with tools upfront to prevent crises, then other aspects of the behavioral health system will also improve (Colizzi, M., Lasalvia, A., & Ruggeri, M., 2020; World Health Organization, 2004). LC3 believes that behavioral health crises can be prevented through the following:

> "WE NEED TO BE PREVENTATIVE AND NOT REACTIVE."

- *Peer support workers and navigators:* Clients need support in their daily lives to access services and understand how to reintegrate into society. According to SAMHSA, benefits of peer support include increased self-esteem, confidence, sense of control, sense of hope, and engagement in self-care, and leads to reduced psychotic symptoms and hospital admission rates (SAMHSA, 2017)
- *Centralized database:* To increase communication, collaboration, and coordination, it is essential to create a centralized database for providers to share information about clients, to remedy the issues in the "broken referral system."
- *Self-care for youth and adults:* The World Health Organization defines "self-care" as "people managing their own mental health problems themselves or with help from family or friends" (e.g., yoga, exercise, and maintaining friendships, etc.) and asserts that it should used whenever possible (World Health Organization, n.d.).
- *Collaboration and coordination:* As mentioned above, the centralized database will play a large role in the increased collaboration and coordination in behavioral health. In addition, LC3 has and will continue to play a large role in increasing collaboration and coordination using the collective impact strategy. As a collaborative, they have been working towards increasing the

collaboration and coordination through meetings, trainings, conferences, workshop series, presentations, advocacy, etc.

- *Trainings on behavioral health:* Educating educators, first-responders, and the community on behavioral health is critical, in part to reduce the stigma of behavioral health but also to help to educate those who are at the forefront of behavioral health support.
- *Trainings on cultural humility:* Cultural humility is necessary when dealing with vulnerable populations, especially in New Mexico, where there is a large proportion of non-English speaking, low-income individuals without insurance. Trainings on cultural humility will increase awareness and self-evaluation, educate the community, and help those who need to know how to serve these populations (Tervalon and Murray-García, 1998).
- *Awareness of services:* To increase access to services, it is important for the community, especially clients, to know which services are available and how to access them. For example, the evaluator's review of provider directories indicated that while there are many directories in existence, they are not comprehensive, nor regularly updated.

Response

Based on the survey data and stakeholder conversations, the county needs many services in place in order to effectively respond to behavioral health needs. The main aspects in the response category include the following:

- *911 calls:* When those with behavioral health crises call 911, it is more effective to triage the calls, to send behavioral health experts who will know how to respond to the issues.
- *988 hotline:* There is a plan to launch the 988 suicide prevention hotline in the state of New Mexico next year (projected to be in July 2022), for individuals to call when they are having a mental health crisis.
- *Crisis Triage Center*[10]*:* The CTC opened in June 2021, as a place for individuals in crisis to go, instead of the hospital emergency department. This system allows behavioral health experts to determine how to support people in crisis, rather than automatically sending them to hospitals.
- *Mobile Crisis Unit:* There have been discussions about creating a mobile crisis unit attached to the CTC, in order to transport individuals in crisis who need a ride to receive services. This will enable more clients to be able to utilize the CTC.
- *Acute Inpatient Facilities:* Currently, there are several facilities (e.g., Mesilla Valley Hospital, Memorial Medical Center) that serve clients in need of acute inpatient services in the region. When these facilities do not have space, they work with community partners to place these clients, but sometimes will have to venture outside the region. As LC3 and the county moves towards focusing on prevention, the hope is that the need for these facilities will decrease.

[10] The CTC opened in June 2021, after being built more than eight years ago. Several have indicated optimism for the "no wrong door model" of the center, where clients can receive support during a crisis, including peer support in a comfortable space at any time. Many are skeptical of the actual implementation of the CTC, however. One challenge has been that the CTC cannot admit people involuntarily. Some mentioned that the center is not serving many clients and is not always adequately staffed. Others also indicated the need for the 988 hotline and mobile crisis unit in order to be able to fully implement the crisis response system.

- *Residential Treatment Centers:* There is a lack of availability in residential treatment centers across the state. Surveys and interviews indicated a clear need for more residential treatment centers, especially for youth (as there are none in the region for this population).
- *Outpatient services:* As discussed above, there is a shortage of service providers, including providers of outpatient services (such as counselors, therapists, social workers, etc.).

Recovery

Finally, recovery is an important part of the behavioral health spectrum, as it includes community services and reintegration into society. To complete the picture, the region needs to focus on the following:

- *Community services for youth and adults:* While recovering from care (e.g., after being discharged from a hospital), individuals may need community-based services - e.g., one-stop centralized hub with many services available.
- *Supportive services for housing, food, employment, transportation (etc.):* When individuals are reintegrating into society, they need supports for all aspects of their life to succeed in their recovery. Those with mental health issues often encounter challenges with other parts of their life (e.g., housing, food, employment, transportation)[11] and need to be set up for success.

Discussion and Limitations

It is important to note that due to limitations such as lack of accessibility and time restrictions, some critical pieces of the behavioral health system in Doña Ana County have not been able to be included in this discussion at this time. Some key stakeholders who have been missing from the conversation include: criminal justice system, law enforcement, veterans services, juvenile justice, child welfare, medical facilities, insurance companies, universities, etc. Moreover, even though the LC3 evaluator researched and talked to schools in the region, a stronger focus on youth needs to be highlighted in future discussions.

Challenges in Data Collection

In addition to the above limitations, the evaluator encountered several noteworthy challenges during the data collection process.

- *Lack of quantitative data:* It was difficult to obtain quantitative data (e.g., numbers of clients served, numbers of behavioral health organizations, numbers of waitlists). Many behavioral health providers indicated that they do not track numbers (e.g., numbers of clients served), others were not able to obtain the information or did not respond, and several required a data request process with a slow response time (i.e., the LC3 evaluator submitted a data request form but still have not received the data to date).
- *Lack of responsiveness:* There were several providers in the region that were not responsive to the evaluator's inquiries, including some large organizations that play a significant role in the

[11] For example, data indicate that mental health conditions are present in nearly half (48%) of the NM homeless population (New Mexico Mortgage Finance Authority, 2020). Also, individuals with mental health issues may be more likely to experience food insecurity (Burruss et al., 2021).

behavioral health system of Doña Ana County. In part due to staff turnover and shortages, it was difficult to reach some key players.

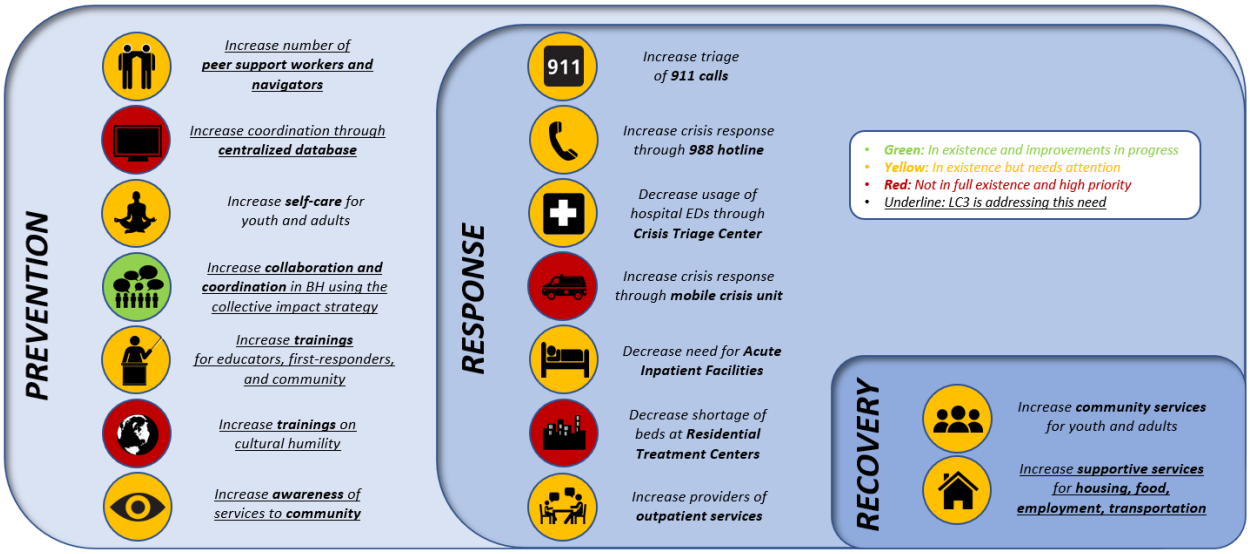
- *Inconsistencies/complexities in the data:* Depending on the source, some data may be inconsistent and/or complicated. For example, while many stakeholder interviews revealed a provider shortage and long waitlists for certain providers, these providers indicated the ability to see clients immediately. In addition, some of the data were difficult to fully understand with a limited context (e.g., there are nine Federally Qualified Health Centers in Doña Ana County because one is counted eight times for its different locations).

Conclusion

Figures 9 and 10 below are a side-by-side comparison of the current state of affairs in behavioral health in Doña Ana County (Figure 9) and a preliminary illustration of what the region's behavioral health system will look like in three years (Figure 10). As indicated in Figure 10, LC3 asserts that the parts of the behavioral health system that are connected to the game changer strategies will turn green in three years. Furthermore, even though the other (non-green) parts of the behavioral health system are not colored in Figure 10, the hope is that they will also improve due to the focus on prevention.

Through the strategic planning process, the LC3 Collaborative engaged its partners, funders, and collaborative members to develop their Ideal Behavioral Health System and game changer strategies aligned to aspects of this system. The strategic plan reflects the priorities of the collaborative, includes the collective thoughts of regional stakeholders, and focuses on prevention efforts in behavioral health. To this end, if LC3 adheres to the strategic plan, and stays committed and focused on its goals, then the county should be able to move from the current state (Figure 9) towards an Ideal Behavioral Health System as depicted in Figure 10.

Figure 9. The Current Behavioral Health System[12]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Green: In existence and improvements in progress
Yellow: In existence but needs attention
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Underline: LC3 is addressing this need
RECOVERY
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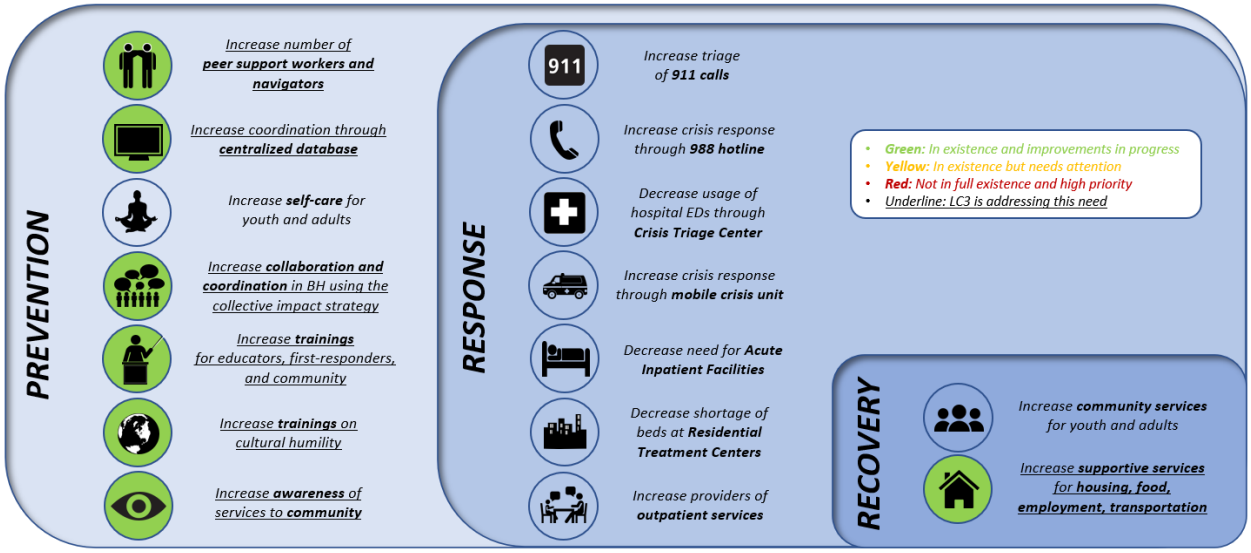
Increase supportive services for housing, food, employment, transportation

Figure 10. The Ideal Doña Ana County Behavioral Health System in 2025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[12] Figure 9 is identical to Figure 8 above, but duplicated for a side-by-side comparison with Figure 10.

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